

Date ____/____/____

Michigan Department of Agriculture (MDA) / Pesticide & Plant Pest Management Division
525 W. Allegan St., Lansing, MI 48909 (517) 335-0730 FAX (517) 335-4540

Gypsy Moth Suppression Program

REQUEST TO TREAT BUFFER AREAS
THE MICHIGAN DEPARTMENT OF NATURAL RESOURCES (DNR)
(Use one form for each requested buffer area)

Submitted By:

County County Coordinator

Address City State Zip Code

(____) (____)
Area Code Telephone Area Code FAX

✓ TYPE OF STATE LAND PROPOSED FOR INCLUSION IN TREATMENT BLOCK

Campground <input type="checkbox"/>	Park <input type="checkbox"/>	Access Site <input type="checkbox"/>	Forest Land <input type="checkbox"/>	Wildlife Areas <input type="checkbox"/>	Other (describe) <input type="checkbox"/>
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*Description of Others: _____

✓ REASON FOR TREATMENT

Egg Mass Density ☐

Square Off Block ☐

ATTACH THIS FORM TO THE TOP OF THE EGG MASS SURVEY DATA SHEET(S) AND PLAT MAP FOR THE BLOCK WITH ATTACHED STATE LAND. THIS INFORMATION IS TO BE SUBMITTED TO MDA WITH THE REST OF THE APPLICATION PACKAGE.

FOR DNR REGIONAL USE ONLY

DNR Regional Office Staff Name	Approved	Disapproved
Name _____	_____ _____	_____ _____
Address: _____		
Telephone _____ FAX _____		

Reason for disapproval _____
